

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2008
NAME OF PROVIDER OR SUPPLIER HARMON MEDICAL & REHABILITATION HOSP - SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2170 EAST HARMON AVE LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result a recertification survey conducted at your facility on 10/15/08-10/16/08. The census was 2. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified.	F 000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Harmon Medical and Rehabilitation Hospital agrees with the allegations and citations listed on the statement of deficiencies. Harmon Medical and Rehabilitation Hospital maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Harmon Medical and Rehabilitation Hospital's written credible allegation of compliance.		
F 242 SS=D	483.15(b) SELF-DETERMINATION AND PARTICIPATION The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to ensure 1 of 2 residents had the right to choose where she could dine (#1). Findings include: Resident #1 was a 62 year old female with diagnoses to include Acute Diverticulitis, Hypertension and Degenerative Joint Disease.	F 242	By submitting this plan of correction, Harmon Medical and Rehabilitation Hospital does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Harmon Medical and Rehabilitation Hospital reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. F242 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The residents have been discharged at the time the results were obtained and it was not possible to address those patients' residents.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bernard Miller

Administrator

11/05/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242	Continued From page 1 On 10/15/08 in the morning, the resident indicated she was unaware she was able to eat anywhere other than her room. She indicated she was unaware there was a dining room/area for residents.	F 242	How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken. Those residents with oral intake capabilities have the potential to be affected by the practice. A posting of the resident's right to eat any or all meals in the facility dining room will be placed in the long term care room for each resident to see.		
F 248 SS=E	483.15(f)(1) ACTIVITIES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure an ongoing program of activities was designed to meet the interests, physical, mental and psychosocial well being of each resident. Findings include: Interview On 10/15/08 in the morning, the Activities Director revealed she was unable to provide evidence of an on going activities program for the months of June 2008, July 2008 and August 2008. On 10/15/08 in the morning, the Administrator indicated the previous Activities Director left without giving notice in May 2008 and he was unable to replace her until September 2008. Document Review: The facility was unable to provide an activities	F 248	What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. The Activities department staff will inform the residents that there is the opportunity to have their meals delivered to the dining room so that they have an alternative place to eat. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: Random weekly environmental rounds will occur within the facility to ensure the posting remains within the resident's room. During Resident Council meetings, the residents will be queried as to whether they have been informed of their right to have meals in the dining room. Individual Responsible Administrator Date of Completion November 18, 2008		

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F 248	Continued From page 2 calendar or documentation of an ongoing activities program for June, July and August of 2008.	F 248	<p>F248 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The residents have been discharged at the time the results were obtained and it was not possible to address those particular residents.</p> <p>How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken. Those residents interested in participating in an activity program have the potential to be affected by the practice. A certified Activity Director has been hired by the facility to meet the interests and the physical, mental and psychosocial well- being of each resident.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. The Activities department has been granted additional staff to assist with the follow through of all activities programming.</p>		

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F 248	Continued From page 2 calendar or documentation of an ongoing activities program for June, July and August of 2008.	F 248	How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. The Activity Director completes a monthly report with an accompanying calendar and submits program objectives to the facility Administrator. The monthly report will be forwarded to the facility Performance Improvement Committee for purposes of ongoing review and regulatory adherence. Individual Responsible Administrator Date of Completion November 18, 2008		

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